



City of Quincy, Massachusetts

THOMAS P. KOCH, MAYOR

DEPARTMENT OF HEALTH

440 East Squantum Street
Quincy, MA 02171

Telephone: (617) 376-1270
Fax: (617) 376-1271

ANDREW SCHEELE
COMMISSIONER OF PUBLIC HEALTH

Application for Body Art Practitioner License

Complete and return this form with registration fee (made out to: *City of Quincy*) to:

Quincy Health Department
440 East Squantum Street
Quincy, MA 02171

Upon satisfactory review of the application and receipt of the license fee, a numbered practitioner license will be issued by the Quincy Health Department.

☐ **New Application** or ☐ **Renewal** ☐ **Practitioner (\$300.00)** or ☐ **Apprentice (\$250.00)**

1. Name: _____
(Last name, First name, Middle Initial)

Address: _____ **Phone:** _____

2. Date of Birth: _____
(Month, Day, Year)

3. Identification: Type of Identification Card: ☐ State Drivers License
☐ State Identification Card
License or Identification Card Number: _____
(State and Number)

4. Practitioner License Type: ☐ **Body Piercing** ☐ **Scarification**
☐ **Tattooing** ☐ **Branding**

5. Body Art Facility Name: _____

6. Body Art Facility Address: _____

7. Facility Telephone: _____

8. Body Art Facility Owner (if different from practitioner applicant): _____

9. Provide the following:

***A. Evidence of course completion in Prevention of Disease Transmission & Blood Borne Pathogen Training.**
(Applicant must show a dated certificate of completion for training course which fulfills the requirements of 29 CFR 1910.1030 et seq.).

***B. Evidence of current certification in First Aid/CPR.** (Applicant must show a dated certificate of completion of a course in First Aid/CPR which demonstrates the required course was completed within the last two (2) years).

***C. Proof of satisfactory completion of a course in Anatomy and Physiology I & II (or Department-approved course if seeking Tattooing Practitioner License ONLY)**

***D. Proof of completion of an approved apprenticeship training program OR Evidence of two years actual experience**

***E. Documentation of Hepatitis B Virus (HBV) Vaccination Status**

***F. Copy of Picture ID as referenced above (#3).**

*** includes an onsite assessment by the Health Department to determine practitioner's knowledge and skills.**

APPLICANT / BODY ART PRACTITIONER LICENSEE STATEMENT OF CONSENT:

I understand that this practitioner license expires on December 31 of this year. I understand that any notice required to be given by the Quincy Health Department to me may be given by mailing the notice to the address of the last place of business (facility address) of which I have notified the Quincy Health Department. I have received a copy of the City of Quincy Ordinance on the Regulation of Body Art (Chapter 8.36). I agree to abide by these regulations and procedures. I agree to work only out of a facility that is in compliance with Quincy Health Department requirements and has a valid Body Art Establishment License. I agree to have my Body Art Practitioners License conspicuously posted within the establishment where I work.

I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way.

Date

Signature

Name and Title (Print)

Office Use Only:

On-Site Assessment:

Date: _____

Signature

Approved, Effective Date: _____ License #: _____

Fee paid: _____

Disapproved, Comment: _____